

## References and Reviews

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are (a) complacency on the part of everyone, thinking that since World War II penicillin, has cured all syphilis, and (b) failure of hospitals, institutions, prisons, private practitioners, and clinicians to order a routine blood test on each patient or inmate. The one thing that completely defeats the control of syphilis is the failure of physicians, hospitals, institutions, all laboratories—both state and private—to notify immediately the proper public health officials each and every time they discover an early infectious case of syphilis, so that the infected person may be interviewed for sex contacts. It is only through applied epidemiology that any chain of a syphilitic infection can be broken.

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TEMPORARY CARE OF MENTALLY DEFECTIVE CHILDREN ON A PEDIATRIC UNIT—S. Yudkin and J. B. Burke. *Lancet*—Vol. 1:633 (March 24) 1962.

A number of mentally defective children were admitted to a pediatric unit during the summer months for a fortnight each to relieve their families. Questionnaires showed that the parents of other children on the ward did not object. Low-grade defectives were less disturbed by the separation than higher-grade defectives. The problems encountered are discussed.

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CLINICAL SIGNIFICANCE OF PROLAPSE OF GASTRIC MUCOSA—M. D. Custer, Jr., J. C. Hortenstine, and E. W. Lacy, Jr. *Ann. Surg.*—Vol. 155:681 (May) 1962.

The clinical significance of prolapse of gastric mucosa has been a matter of controversy since 1911. In recent years the literature has shown a definite trend toward acceptance of the lesion as an important cause of upper abdominal pain. This study reports the results in 10 patients operated upon for prolapse without other lesions. Excellent relief was obtained in 7, fair in 3. The authors express preference for gastric resection over pyloroplasty.

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"DUE CAUTION" AND RADIOIODINE IN CHILDREN—D. A. Fisher and T. C. Panos. *Amer. J. Dis. Child.*—Vol. 103:729 (June) 1962.

A review of available pertinent data regarding harmful genetic and somatic effects of radioiodine in children indicates that the limiting dosage factor of diagnostic radioiodine in children is the potential radiation damage to thyroid cells. Reliable radioiodine uptake studies are possible in children with 0.05 to 0.2  $\mu\text{c}$   $\text{I}^{131}/\text{kg.}$  of body weight. Available information suggests that the radiation risk with such doses is minimal.

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